

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

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OMB APPROVAL	!
OMP Number: 2025 0070	

OMB APPROVAL								
OMB Number: 3235-007								
Expires:								
Estimated average	e burden							
hours per respons	e 16.00							

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Prefix	Serial
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Name of Offering (C) check if this is an amendment and name has changed, and indicate change.)	-
Lincoln International Fund, L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	□ UL
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	06047443
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Lincoln International Fund, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
48 Wall Street, 11th Floor, New York, NY 10005	212-918-4725
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Private Investment company making investments in and trading of listed securities, over-the	-counter securities, and initial public offerings
Type of Business Organization	THOOLSGED
	clease specify):
business trust [] limited partnership, to be formed	W NOV 1 3 2006
Month Year Actual or Estimated Date of Incorporation or Organization: O 6 O 7 Actual Estin Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
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GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC	IDENTIFICATION DAT	以過程型作 表等	Early The Car
2. Enter the information re	quested for the fo	llowing:			
• Each promoter of	the issuer, if the is	suer has been organized	d within the past five years	s;	
 Each beneficial ow 	ner having the pov	ver to vote or dispose, or	direct the vote or dispositi	ion of, 10% or more o	f a class of equity securities of the issue
• Each executive off	icer and director o	of corporate issuers and	of corporate general and r	managing partners of	partnership issuers; and
 Each general and r 	nanaging partner (of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owne	er 🗾 Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, i Thompson, Lewis	f individual)				
Business or Residence Addre 48 Wall Street, 11th Floo			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
18 Wall Street, 11th Floor,	, New York, NY	10005			
Check Box(es) that Apply:	Promoter	Beneficial Owne	er 🔽 Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, i Baburashvili, Iosif	f individual)	·			·
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
48 Wall Street, 11th Floor	, New York, NY	10005		•	
Check Box(es) that Apply:	Promoter	Beneficial Owne	Executive Office	er Director	General and/or Managing Partner
Full Name (Last name first, is	f individual)				
Veder, Alexander					•
Business or Residence Addres 48 Wall Street, 11th Floo			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	r Executive Office	Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)			·	
Business or Residence Addres	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	r Executive Office	r Director	General and/or Managing Partner
Full Name (Last name first, if	f individual)				
Business or Residence Addres	ss (Number and	Street, City, State, Zip	Code)		
	(Use blan	nk sheet, or copy and us	se additional copies of this	s sheet, as necessary)	· · · · · · · · · · · · · · · · · · ·

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1. H	las the	issuer solo	i. or does i	he issuer i	ntend to se	ell, to non-	accredited	investors i	n this offer	ine?		Yes	No Ix i	
				A	:.	_	. C-1	2 (6.61)		7 NP		_	_	
2. W	√hat is	the minim	um investi	nent that v	vill be acce	epted from	any individ	Juai?	***************************************			\$_20	0,000.00	partner
							-	waiv	er ava	ailabl	e fro	m ger	eral	partner
3. D	oes the	e offering	permit join	t ownersh	ip of a sing	gle unit?		*******************************			***************************************	🖫		
ec If o:	ommiss a perso r states	sion or sim on to be lis , list the na	ilar remune ted is an as ime of the l	eration for s sociated po proker or d	solicitatior erson or ag ealer. If m	who has be n of purchas ent of a bro ore than fiv ion for that	ers in conn ker or deale e (5) perso	ection with or registere ns to be lis	sales of se d with the t ted are asso	curities in t SEC and/or	the offerin with a sta	g. te	-	
Full N	ame (I	ast name	first, if ind	ividual)					-					
Busine	ess or I	Residence	Address (N	∛umber an	d Street, C	ity, State, 2	Zip Code)							
Name	of Ass	ociated Br	oker or De	aler										_
						to Solicit				· · · · · · · · · · · · · · · · · · ·				
((Check '	'All States	or check	individua	States)							. 🔲 A	ll States	
	L AT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR	
Busine	ess or	Residence	Address (I	Number an	d Street, C	City, State, 2	Zip Code)							
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[]		AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR	
Full N	ame (L	ast name i	irst, if ind	vidual)										
Busine	ss or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)		· 	·-				
Name	of Asso	ociated Bro	oker or De	aler										_
States	in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers							_
(C	heck "	All States	" or check	individual	States)	***************************************					••••	☐ Al	l States	
N		AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF PROCEEDS

l,	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	k		
	Type of Security	(Aggregate Offering Price	Amount Already Sold
	Debt	\$_	0.00	\$_0.00
	Equity	\$_	0.00	\$ 0.00
	Common Preferred Convertible Securities (including warrants)			0.00
	Partnership Interests			*
	Other (Specify)			•
	Total			\$ 6 85 000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	. >_		3_00,000.00
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	2		
	Accredited Investors	2	Number Investors	Aggregate Dollar Amount of Purchases \$ 85,000.00
	Non-accredited Investors	0		§ 0.00
	Total (for filings under Rule 504 only)		•	§ 85,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.	-		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
	Type of Offering		Type of Security	Dollar Amount Sold
	Rule 505	0		\$_0.00
	Regulation A	0		\$_0.00
	Rule 504	0		\$_0.00
	Total			\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$_ ^{0.00}
	Printing and Engraving Costs			\$_1,000.00
	Legal Fees			\$_8,500.00
	Accounting Fees			\$_0.00
	Engineering Fees			\$_0.00
	Sales Commissions (specify finders' fees separately)			\$_0.00
	Other Expenses (identify) Entity Formation			\$_630.00
	Total			\$_10,130.00

Ç,	Like Francis C. Offering Price, num	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	AT THE MINE OF THE PARTY OF THE
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			99,989,870.00
5.	Indicate below the amount of the adjusted gross preeach of the purposes shown. If the amount for an check the box to the left of the estimate. The total oproceeds to the issuer set forth in response to Part	ny purpose is not known, furnish an estimate and f the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ 0.00	s 8,500.00
	Purchase of real estate		s 0.00	. D \$ 0
	Purchase, rental or leasing and installation of made and equipment	chinery		s_0.00
	Construction or leasing of plant buildings and fac	cilities	\$ 0.00	s0.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	lue of securities involved in this ets or securities of another		ss
	Repayment of indebtedness		□ \$ <u>0.00</u>	\$_0.00
	Working capital		S 0.00	\$ 0.00
	Other (specify): Entity Formation		\$ 0.00	S 630.00
	Printing Costs		□ \$	\$1,000.00
	Column Totals		S 0.00	\$ 10,130.00
	Total Payments Listed (column totals added)		s	0,130.00
136	"大学","大学","大学","大学","大学","大学","大学","大学",	D FEDERAL SIGNATURE	等级类性系数	族,强力以
Th	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	undersigned duly authorized person. If this notice	e is filed under Russion, upon writte	le 505, the following
lss	uer (Print or Type)	Signature ///	Date a/	1 4
Lii	ncoln International Fund, L.P.		9/20	100
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Lev	vis Thompson	Manager of the General Partner		
			·	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is file D (17 CFR 239.500) at such times as required by state law.	ed a not	ice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information issuer to offerees.	on furni	shed by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entit limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		

Issuer (Print or Type)	Signature	Date
Lincoln International Fund, L.P.	<i>M</i>	5/20/06
Name (Print or Type)	Title (Print or Type)	
Lewis Thompson	Manager of the General Partner	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	砂泥料	那是影響		事。 第二章	PPËNDIX	14 Table				
	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	- No	
AL										
AK										
AZ										
AR										
CA										
со										
СТ										
DE									<u> </u>	
DC										
FL		<u> </u>	100,000,000	1	\$35,000.00	0	\$0.00	<u> </u>	<u> </u>	
GA				-					<u> </u>	
HI									<u> </u>	
ID									<u> </u>	
IL D/										
IN									<u> </u>	
IA									<u> </u>	
KS KY									 	
LA	<u> </u>	<u> </u>							<u>'</u>	
ME							<u> </u>		<u> </u>	
MD						<u> </u>				
MA	-		<u>-</u>						 	
MI	<u> </u>	<u>'</u>							<u>'</u>	
MN										
MS								<u> </u>		
	l <u></u>]	<u> </u>					<u> </u>	<u> </u>	l	

APPENDIX 2 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No State Investors **Investors** Yes No Amount Amount MO MT 100,000,000 NE \$0.00 X 1 \$50,000.00 X NVNH NJ NM NY NC ND OHOK OR PA RI SC SD TN TX UT VT VA WA WV WI

				APP	ENDIX F		KALALA .		mark that the
	to non-a investor	I to sell sccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									